

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="text-align: center; font-size: 1.2em;">410539</div>	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			•		•		•	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51		/		/		
2		/		/			52		/		/		
3		/		/			53		/		/		
4		/		/			54		/		/		
5		/		/			55		/		/		
6		/		/			56		/		/		
7		/		/			57		/	/	/		
8		/		/			58		/		/		
9		/		/			59		/		/		
10		/		/			60		/		/		
11		/		/			61		/		/		
12		/		/			62		/		/		
13		/		/			63		/		/		
14		13	/	13			64		/		/		
15	/		/				65		/		/		
16		/		/			66		/		/		
17		/		/			67		/		/		
18		/		/			68		/		/		
19		/		/			69		/		/		
20		/		/			70	/		/			
21		/		/			71	/		/			
22		/		/			72		/		/		
23		/		/			73		/		/		
24		/		/			74		/		/		
25		/		/			75		2		2		
26		/		/			76	/		/	13		
27		/		/			77		13		13		
28		/		/			78		/		/		
29		/		/			79		/		/		
30		/		/			80						
31		/		/			81						
32		13		13			82						
33		/		/			83						
34		/		/			84						
35		13		13			85						
36		13		13			86						
37		13		13			87						
38		13		13			88						
39	/		/				89						
40		/		/			90						
41		/		/			91						
42		/		/			92						
43		/		/			93						
44		/		/			94						
45		/		/			95						
46		/		/			96						
47		/		/			97						
48		/		/			98						
49		/		/			99						
50		/		/			100						
TOTAL IND.							TOTAL IND.	6		9			
TOTAL DEP.							TOTAL DEP.	157		135			
TOTAL CLAIMS							TOTAL CLAIMS	163		144			